PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax



INSTRUCTIONS: This form appropriate. All further correindicated unless corrected be	n should be used for tran espondence including the l elow or directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and ders and not specifying	PUBLICATION FEE (if requisification of maintenance fees value a new correspondence address	nired). Blocks will be mailed ; and/or (b) in	1 through 5 st to the current dicating a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for
maintenance fee notifications CURRENT CORRESPONDENCE 22852 759	ADDRESS (Note: Use Block 1 for		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
FINNEGAN, HEN DUNNER LLP 901 NEW YORK A	NDERSON, FARAE VENUE, NW	BOW, GARR	ETT &	I hereby certify that the States Postal Service addressed to the Mai transmitted to the USF	rtificate of Ma his Fee(s) Tran with sufficient il Stop ISSUP TO (703) 746	ailing or Trans namittal is being postage for fir E FEE address -4000, on the co	mission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.
WASHINGTON D							(Depositor's name)
. FC:1501			· ,		 	(Signature)	
FC+1504 APPLICATION NO.	300.00 OP FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/863,666	05/23/2001		Ronald Adams		06530.0279		1136
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL F	EE(S) DUE	DATE DUE
nonprovisional	NO	\$1400)	\$300	\$1700		05/24/2005
				L graggeryngragg	7		
	EXAMINER		IIT	CLASS-SUBCLASS	J		
RAGONESE, A	RAGONESE, ANDREA M			606-139000			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.				
(A) NAME OF ASSIGNE				CE: (CITY and STATE OR CO			
SCIMED L	IFE SYSTEMS, I	NC.		Maple Grove, Mi	innesota	ı	
Please check the appropriate a	assignee category or categor	ries (will not be pr	inted on the	patent): 🗖 Individual 🛣 C	orporation or o	other private gre	oup entity 🗖 Government
4a. The following fee(s) are enclosed: 4b. Issue Fee			b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of C	The Dir	ector is hereby whomes count Number	harge the requ	uired fee(s), or	credit any overpayment, to		
	IALL ENTITY status. See 3	37 CFR 1.27.	☐ b. Appli	cant is no longer claiming SMA	LL ENTITY s	tatus. See 37 C	FR 1.27(g)(2).
The Director of the USPTO is NOTE: The Issue Fee and Pul interest as shown by the recor	requested to apply the Issu blication Fee (if required) w ds of the United States Pate	e Fee and Publicat vill not be accepted int and Trademark	tion Fee (if a I from anyon Office.	ny) or to re-apply any previousle other than the applicant; a reg	ly paid issue for istered attorne	ee to the applica y or agent; or th	ation identified above. ne assignee or other party in
Authorized Signature	Jan.	Book	•	Date	May	20,200	5
Typed or printed name	Leslie I. Boo	koft 		_ Registration	No. 38,0	84	
This collection of information an application. Confidentiality submitting the completed app	is required by 37 CFR 1.3 y is governed by 35 U.S.C. lication form to the USPTG	11. The informatio 122 and 37 CFR D. Time will vary	n is required 1.14. This co	to obtain or retain a benefit by to ellection is estimated to take 12 pon the individual case. Any comation Officer, U.S. Patent and	the public which minutes to corr comments on the	ch is to file (and nplete, including the amount of ting	by the USPTO to process) g gathering, preparing, and ne you require to complete

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.